

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: D nald R. M rritt et al.

TITLE: SYSTEM AND METHOD FOR DETERMINING REMAINING BATTERY LIFE FOR AN IMPLANTABLE MEDICAL DEVICE

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 323 972 081 US, on this 28th day of August, 2003.

19587 U.S. PTO
10/650579
08/28/03

MOLLY CHLEBECK
Printed Name Molly Chlebeck
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 27 (including claims and abstract: Spec. 25 sheets; Claims 1 sheets; Abstract 1

X Drawings:

Total sheets: 7

☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

☐ executed

☒ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☒ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
No. 09/970,374, filed October 2, 2001.

☐ Amend the specification by inserting before the first line the sentence: --This application is a _____ of application Serial No. _____, filed _____, now allowed.--

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned or record to Medtronic, Inc.

☒ The Power of Attorney in the prior application is to: Girma W. Ide-Michael

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

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FEE CALCULATION	No. of Claims Filed			No. of Extra Claims	Rate	Fee
	Claims Included in Base Fee					
Total Claims	4	20	=	0	x 18	\$0.00
Independent Claims	2	3	=	0	x 84	\$0.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$750.00
					TOTAL	\$750.00

X Please charge Deposit Account No. 13-2546 in the amount of **\$750.00** for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

8/28/03
Date


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